

Dutchess County Department of Planning and Development	Fax Info:	Date:	# of pages:
	To:	From:	
	Co./Dept.:	Phone #:	
Zoning Referrals			
Municipality:			
Referring Agency:			
Tax Parcel Number:			
Project Number:			
Applicant:			
Address of Property:			
Type of Action:		Jurisdictional Determinant:	
<input type="checkbox"/> Text Amendment <input type="checkbox"/> Rezoning <input type="checkbox"/> Site Plan <input type="checkbox"/> Use Variance <input type="checkbox"/> Area Variance <input type="checkbox"/> Special Permit <input type="checkbox"/> Other _____		<input type="checkbox"/> State Road <input type="checkbox"/> County Road <input type="checkbox"/> State Property <input type="checkbox"/> County Property <input type="checkbox"/> Municipal Boundary <input type="checkbox"/> Agricultural District	
Date Response Requested (if less than 30 days):			
Note referral number if this site has been the subject of a previous referral:			
Dutchess County Department of Planning and Development Response:			
No Comments:		Comments Attached:	
<input type="checkbox"/> Matter of Local Concern <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> No Authority <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Local Concern with Comments <input type="checkbox"/> Conditional <input type="checkbox"/> Denial <input type="checkbox"/> Incomplete	
Date of Submittal:			
Date Report Requested:			
Date Report Required:			
Date of Transmittal:			
Faxed:			
Mailed:			
Reviewer: _____		Referral Number: _____	